OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses



U.S. Department of Labor
Occupational Safety and Health Administration

7449 no. 1715-0-026

All establishments covered by Part 1904 must complete this Summary page, even if no injuries or

illnesses occurred during the year. Remember to review the Log to verify that the entries are complete.

Using the Log, count the individual entries you made for each category. Then write the totals below, making sure you've added the entries from every page of the log. If you had no cases write "0."

Employees former employees, and their representatives have the right to review the OSHA Form 300 in its entirety. They also have limited access to the OSHA Form 301 or its equivalent. See 29 CFR 1904.35, in OSHA's Recordkeeping rule, for further details on the access provisions for these forms.

Number of Cases		AND THE PARTY	LIE BYS
Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	2	0	7
(G)	(H)	(1)	(J)
Number of Days			
Total number of days away from		Total number of days of job transfer or restriction	
5 (K)	-	(L)	_
Injury and Illness	Гурез		
Total number of (M)			
(1) Injury	9	(4) Poisoning	0
(2) Skin Disorder (3) Respiratory	0	(5) Hearing Loss	0
Condition	0	(6) All Other Illnesses	0

Post this Summary page from February 1 to April 30 of the year following the year covered by the form

Public reporting burden for this collection of information is estimated to average 50 minutes per response, including time to review the instruction, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any aspects of this data collection, contact: US Department of Labor. OSHA Office of Statistics. Room N-3644. 200 Constitution Ave. NW. Washinoton. DC 20210. Do not send the compoleted forms to this office.

tablish	ment information			
Your e	establishment name Air Res	ources Board		
Street	9528 Telstar Avenue		·	
City	El Monte	State	CA	Zip91731
Indust	ry description (e.g., Manufactu Government	re of motor truck trailers)		
Standa	ard Industrial Classification (SI	C), if known (e.g., SIC 3715)		
R North	American Industrial Classificat	tion (NAICS), if known (e.g., 3	36212)	
nploym	ent information			
Annua	al average number of employe	es955.8		
	nours worked by all employees			
year		1,765,075		
gn here				
Knowi	ingly falsifying this documer	nt may result in a fine.		
	y that I have namined this go	cument and that to the best of	f my knowledge the entrie	e are true, accurate, and
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X	Company executive			CN ICI IV
U	222-819	2_		2/7/05
	Phone			Date